



Physicians Treating People...  
Not Just Symptoms

# The Washington D.O.

This is a blog to keep you informed of issues and events pertaining to the osteopathic profession in Washington. We invite you to submit topics or articles of interest to your colleagues for consideration. Submissions may be emailed to [jperlmutter@woma.org](mailto:jperlmutter@woma.org).

## *Autumn's Bounty Coupled with Changing of the Season*

*By Jodi Perlmutter, Executive Director*

This Fall, WOMA was filled with new and changing activities, new ways of doing business, and the appreciation of the rich contribution(bounty) of WOMA members.

Pacific Northwest University(PNWU) hosted a reception for WOMA seminar participants at our Fall Seminar "Taking the Pain out of Pain Management". This event was a great mixer for students, seminar participants and faculty to find common ground, enjoy Northwest cuisine and learn from each other. During the seminar, PNWU students were assisting in the Osteopathic Medical Manipulation Lab. I would say the learning was bi-directional, as students "schooled in new techniques" demonstrated what they learned to practicing DO's, and DO's shared their wealth of experience with the students. The event resulted in the reinforcement of the mutually beneficial relationship between our largest Washington State Osteopathic Medical School and our professional association.

The WOMA board leadership met regularly with me to ease with the transition and to answer my ongoing questions. I asked, why do we do it this way, is there is a way to modernize our approach and how to we appeal to our newly graduated physicians?

The Washington Osteopathic Medical Association Board graciously agreed to break with tradition this year. They thought a new convention site might be some welcome way to change things up. Our WOMA Convention is **June 7-11 at Cedarbrook Lodge.** <http://www.cedarbrooklodge.com/>.

Many of you told me you love the retreat atmosphere of Semiahmoo



but struggle with travel time and taking time from your practice and family. I wanted to realize more statewide, and out of state participation by being close to an airport. Cedarbrook combines the best of both worlds, a retreat atmosphere nestled in the woods next to Seattle/Tacoma airport. The WOMA members who stayed or had meetings at the Lodge had only positive things to say. If you have a speaker idea, or an idea for fun evening event please let us know.



Tradition is also a good thing. We will still hold our Northwest Osteopathic Foundation Annual Auction to benefit our scholarship and loan programs. We have an amazing number of lifetime members (most of whom have over 30 years of membership with WOMA). We will be holding DO Day in Olympia on February 13, 2018 and providing continuing advocacy with our policy advocate Dave Knutson.

You will soon be receiving mail from WOMA asking for your 2018 dues renewal payment. You can do this easily online or by sending a check to our new address **6947 Coal Creek Parkway SE Suite 347 Newcastle, Washington 98059**. In order to preserve our independent professional association, please pay your dues promptly (before holiday bills come due in January). We are enlisting your support in recruiting a new WOMA member. This is the best way to build our organization's strength.

---

### *Welcome Newest Foundation Board Member!*

The Washington Osteopathic Foundation is pleased to welcome Kathy McVay to its Board of Directors. Kathy's employment and civic history will serve her well in her new board member role. Her previous work experience included responsibility for \$10M program to recruit health care providers to rural and urban underserved areas of Washington State through a loan repayment and scholarship program. Kathy coordinated recruitment efforts with higher education programs, health care facilities, and health care providers. Kathy also worked for Pierce County Emergency Management and was responsible for coordinating emergency preparedness among health care facilities.

Kathy's civic involvement is quite extensive and include:

Councilmember, Fircrest City Council, 1994 - 2014

Mayor, City of Fircrest, 2008 – 2010

Member, City of Fircrest Planning Commission, Vice Chair

Member, Lindquist Dental Clinic for Children Board of Directors

Member, Nurse-Family Partnership Advisory Board Tacoma-Pierce County Health Department, Chair

Member, Catholic Woman's Club, Pierce County

Welcome Kathy!

**Medical Marijuana Authorization Form**

This authorization does not provide protection from arrest unless the qualified patient or designated provider is also entered in the medical marijuana authorization database and holds a recognition card.

**Patient Information and Attestation**

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: WA Zip: \_\_\_\_\_

I hereby attest that I have discussed the risks and benefits of the medical use of marijuana with my healthcare practitioner. I understand some of the risks may include possible long term effects to the brain in the areas of memory, coordination, and cognition; impairment of the ability to drive or operate heavy machinery, aircraft or psychologically demanding and respiratory damage if smoked. I understand that I may revoke my designated provider (if applicable) at any time in writing. I have read chapter 69.51A RCW and understand the legal requirements of being a patient.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Designated Provider Information and Attestation (If any - Mark NA in each box if not applicable)**

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: WA Zip: \_\_\_\_\_

I hereby attest that I am over the age of 21 and agree to serve as the designated provider for the patient identified on this form. I understand I may serve as the designated provider for only one patient at a time. I can only sign as a designated provider for the patient by providing the authorization in writing. The record that is signed, dated, and provided to the patient on the medical marijuana authorization database shall not be null and void if I am entered in the database. I understand the date must go by before I may begin serving as the designated provider for a different patient. I have read chapter 69.51A RCW and understand the legal requirements of being a designated provider.

Designated Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorizing Healthcare Practitioner Information and Attestation**

Name of Healthcare Practitioner: (add a primary or tertiary) \_\_\_\_\_ Healthcare Practitioner License Number: (Ex: M00001111)  
 Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: (where authorization can be verified during normal business hours) \_\_\_\_\_

I am licensed in the state of Washington and have diagnosed the above named patient as having the following terminal or debilitating medical condition that is severe enough to significantly interfere with the patient's activities of daily living and ability to function, and can be objectively diagnosed per Washington state law (check all that apply):

<input type="checkbox"/> Cancer	<input type="checkbox"/> Chronic Renal Failure Requiring Hemodialysis	<input type="checkbox"/> Crohn's Disease
<input type="checkbox"/> Epilepsy or Other Seizure Disorder	<input type="checkbox"/> Blepharitis	<input type="checkbox"/> Hepatitis C
<input type="checkbox"/> HIV	<input type="checkbox"/> Intractable Pain	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Posttraumatic Stress Disorder	<input type="checkbox"/> Spongiform Encephalopathy	<input type="checkbox"/> Traumatic Brain Injury

A disease that results in muscle wasting, wasting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity

I further attest that I have explained in a written examination of the above named patient and assessed his or her medical history and medical condition. I have advised this patient about the potential risks and benefits of the medical use of marijuana. It is my professional opinion that this patient may benefit from the medical use of marijuana.

Healthcare Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization Expiration Date: (Maximum term issue date of six months for minors and one year for adults)

**Additional Patient Authorization (Optional)**

This provision is valid only if the patient is entered into the authorization database and possesses a recognition card. A second signature is required if authorizing additional plants. Authorization must not exceed 12 plants.

**Healthcare Practitioner Attestation:** In my professional opinion, the medical needs of this patient exceed the cumulative number of plants allowed by law of 4 plants with just an authorization form or 6 plants if entered in the database. I recommend the patient to their designated provider should be given to her domicile.

Healthcare Practitioner Signature: (second signature only required if recommending additional plants)

03/01/09-10/20/2017 Medical Marijuana Program | www.doh.wa.gov/medicalmarijuana

## News from the Washington Department of Health

Starting January 1, 2018, all healthcare practitioners will be required to use the newly designed 2018 authorization form printed on Medical Marijuana Authorization RCW 69.51A.030 seal tamper-resistant paper. The new form is available now and healthcare practitioners may order the Medical Marijuana Authorization RCW 69.51A.030 seal tamper-resistant paper from the same vendor they

order prescription tamper-resistant paper. For details and training resources, please visit the [Medical Marijuana Authorization Form](#) website.

If you have any questions, please contact the Medical Marijuana program at 360-236-4819, option 1 or [medicalmarijuana@doh.wa.gov](mailto:medicalmarijuana@doh.wa.gov).

*Do you have member news to share with your osteopathic colleagues?*

Please send it and a related photo, if available, to [jperlmutter@woma.org](mailto:jperlmutter@woma.org)

[Website](#) [About Us](#) [Advocacy](#) [Careers](#) [Communications](#)

The Washington Osteopathic Medical Association

